

SNOHOMISH COUNTY SHERIFF'S OFFICE

INTEGRITY • DIGNITY • COMMITMENT • PRIDE

Ty Trenary, Sheriff

	HABEAS CORPUS - INTAKE FORM
Docı	uments / Information Needed:
	Certified copy of the Writ of Habeas Corpus (3 sets) - issued by Snohomish County Superior Court to be served in Snohomish County or another jurisdiction -OR-
	Certified copy of the Writ of Habeas Corpus, - issued by any other Washington State Superior Court and serving in Snohomish County. The writ must be directed to the County Sheriff of the court where the writ originated and contain the heading "and each and every peace officer in the State of Washington." The Snohomish County Sheriff will assist any other law enforcement agency in the State of Washington when our county is involved.
	Certified copy of the Warrant In Aid of Writ of Habeas Corpus (3 sets) - the original writ was issued by Snohomish County Superior CourtOR-
	Certified copy (2 sets) if writ is from another county
	Certified copy of the Order to Issue the Writ of Habeas Corpus
	Certified copy of the Petition for Writ of Habeas Corpus.
	Certified copy of the <u>underlying order</u> , which is the basis for issuance of the writ (i.e. Parenting Plan DV Order, etc) **** Was the underlying order served? NO YES
	 \$250.00 Sheriff Advance Fees or Court Waiver of Fees or Fees Waived Statutorily under DV Protection Order Filing Form of payment is cash, checks, or money orders. Checks and money orders should be made payable to SNOHOMISH COUNTY SHERIFF'S OFFICE (SCSO). Advance fees are estimated fees to be incurred: Refer to Sheriff's fee list on our website.

Complete the following pages as thoroughly as possible:

INTAKE INFORMATION:

INITIATING PA	ARTY IN	FORMA	TION (YOU))					
NAME: (last, first, 1	middle)							DOB:		
HEIGHT	WEIGHT		EVEC			TTATD		D A CE		CENIDED
HEIGHT:	WEIGHT		EYES:			HAIR:		RACE:		GENDER:
DEL ATIONGHID TO	OTHER	D A DOTA			DEL	TIONGLI	D.TO. CI	HI D (DEN)		
RELATIONSHIP TO	OTHER	PARTY:			RELA	TIONSHI	P TO CE	HILD(REN)	:	
CURRENT ADDRE	SS: (street	t, city, state,	zip)							
							·			
CONTACT #'S		MAIN:		CELI	_:		WORK	:		ALT:
(Circle the best # for	us									
To reach you)										
EMPLOYER:			EMPLO	YERS	LOCA	TION:			WC	ORK HOURS:
VEHICLE LIC #:		,	VEH MA	KE/M(ODEL/Y	EAR:		VEHICLE	COL	LOR:
_										

OPPOSING PA	RTY IN	FORMA'	TION (O	THE	R PAF	RTY):					
NAME: (last, first,	middle)							DOB	: :		
HEIGHT:	WEIGHT	·.	EVEC.			HAID.		DACE.		GENDER:	
HEIGHT:	WEIGHT	•	EYES:			HAIR:		RACE:		GENDEK:	
RELATIONSHIP T	OTHER	DADTV.			DELA	TIONCIII	D TO CI	<u> </u> HILD(REN	١.		
RELATIONSHIP I	OOIHER	PARII:			KELA	ПОМЗПІ	PIOCI	TILD(KEN):		
CURRENT ADDRE	ESS: (stree	t, city, state	, zip)								
CONTACT #20		HOME.		CEL	r .		WODL	7.		ATT.	
CONTACT #'S (Circle the best # for	* 110	HOME:		CEL	L:		WORK	ν:		ALT:	
To reach you)	ı us										
EMPLOYER:			EMPLO)YERS	S LOCA	TION:			W	ORK HOURS:	
VEHICLE LIC #:			VEH MA	KE/M	ODEL/Y	EAR:		VEHICLE	E COI	LOR:	

PLEASE ANSWER THE FOLLOWING QUESTIONS:
Have you or the opposing party ever been arrested or have any outstanding warrants? Y/N If Yes: For what offense
(Disposition of charges)
Have any allegations been made against you or the opposing parties regarding crimes against children? Y / N If Yes, describe:
Have you or the opposing party ever been investigated by any state Child Protective Agency (CPS)? Y / N If Yes, describe the circumstances (include contact names and phone numbers):
Is the opposing party in violation of a current temporary/permanent custody order or parenting plan? Y / N If Yes, describe and include the court of issuance and the cause number:
What reason may the defendant use to justify his or her refusal to return the child(ren) to your custody?
Is there anything about the opposing parties' current or past behavior that indicates there may be a danger to the child or Law Enforcement Officers acting pursuant to this order? Y / N If Yes, please describe:
Does the opposing party have access to weapons? Y / N If Yes, list the type of weapon and location where the weapon is kept:
Is the defendant likely to be uncooperative with police: Y / N If yes, describe:
LIST ANY ADDITIONAL INFORMATION LAW ENFORCEMENT SHOULD BE AWARE OF:

~	IATION: **I	OKIDDIII	ONAL CHILDRE	IN COLL RODI	TOTHE TOTAL
CHILD #1 NA	ME: (last, first, middle)		Nickname:	DOB:	AGE:
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:
DAY CARE: N	NO		<u> </u>	1	
,	YES NAME OF DAYCA	RE/LOCATION:			
	NO	KE/EGC/111O11.			
	VIEG NAME OF GOV				
	YES NAME OF SCH	IOOL/LOCATIC	Nickname:	DOB:	AGE:
CHILD #2 NAI	ME: (last, first, middle)		Wickitatiic.	ВОВ.	AGE.
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:
DAVCARE	NO				
DAY CARE:	NO				
	YES NAME OF DAYCA	ARE/LOCATION			
SCHOOL:	NO				
	YES NAME OF SCHOO	I /I OCATION:			
DATE CHILD(REN)			REQUEST CHILD(REN) FROM OTH	ER PARTY?
(,			(,	
DECT TIME AND	DI ACE TO DICK HE	CIIII D			
BEST TIME AND	PLACE TO PICK UP	CHILD			
Time I	Place (please indicate if day	care, school, or one of			
Time I		care, school, or one of			relationship to child)
Time I ADDRESSES WH	Place (please indicate if day	care, school, or one of	nclude name of person r		
Time I ADDRESSES WH	Place (please indicate if day	care, school, or one of			relationship to child) Relationship
Time I ADDRESSES WH 1Address 2	Place (please indicate if day	care, school, or one of	nclude name of person r Name		Relationship
Time I ADDRESSES WH	Place (please indicate if day	care, school, or one of	nclude name of person r		
Time I ADDRESSES WH 1 Address 2. Address	Place (please indicate if day	care, school, or one of EVED TO BE (1	nclude name of person r Name Name	esiding at address and	Relationship
Time I ADDRESSES WH 1Address 2Address	Place (please indicate if day ERE CHILD IS BELI	care, school, or one of EVED TO BE (1	nclude name of person r Name Name	esiding at address and	Relationship
Time I ADDRESSES WH 1	Place (please indicate if day ERE CHILD IS BELI eports completed? Agency	care, school, or one of EVED TO BE (I	Name Name Ves If Yes: Case Detective/or	esiding at address and E Type: Contact	Relationship
Time I ADDRESSES WH 1	Place (please indicate if day ERE CHILD IS BELI eports completed? Agency	care, school, or one of EVED TO BE (I	Name Name Tes If Yes: Case	esiding at address and E Type: Contact	Relationship
Time I ADDRESSES WH 1	Place (please indicate if day ERE CHILD IS BELI eports completed? Agency	care, school, or one of EVED TO BE (I	Name Name Ves If Yes: Case Detective/or	esiding at address and E Type: Contact	Relationship
Time I ADDRESSES WH 1	Place (please indicate if day ERE CHILD IS BELI eports completed? Agency rson report filed?	care, school, or one of EVED TO BE (I	Name Name Ves If Yes: Case Detective/or If Yes: Date	esiding at address and e Type: c Contact e filed	Relationship
Time I ADDRESSES WH 1	Place (please indicate if day ERE CHILD IS BELI eports completed? Agency rson report filed? IONAL INFORMATIO	NOYES Contact	Name Name Ves If Yes: Case Detective/or If Yes: Date	esiding at address and e Type: c Contact e filed	Relationship
Time I ADDRESSES WH 1	Place (please indicate if day ERE CHILD IS BELI eports completed? Agency rson report filed?	NOYES Contact	Name Name Ves If Yes: Case Detective/or If Yes: Date	esiding at address and e Type: c Contact e filed	Relationship
Time I ADDRESSES WH 1	Place (please indicate if day ERE CHILD IS BELI eports completed? Agency rson report filed? IONAL INFORMATIO	NOYES Contact	Name Name Ves If Yes: Case Detective/or If Yes: Date	esiding at address and e Type: c Contact e filed	Relationship
Time I ADDRESSES WH 1	Place (please indicate if day ERE CHILD IS BELI eports completed? Agency rson report filed? IONAL INFORMATIO	NOYES Contact	Name Name Ves If Yes: Case Detective/or If Yes: Date	esiding at address and e Type: c Contact e filed	Relationship
Time I ADDRESSES WH 1	Place (please indicate if day ERE CHILD IS BELI eports completed? Agency rson report filed? IONAL INFORMATIO	NOYES Contact	Name Name Ves If Yes: Case Detective/or If Yes: Date	esiding at address and e Type: c Contact e filed	Relationship